DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 2001 — 10

2. STATE: MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 1, 2001

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 441.35

7. FEDERAL BUDGET IMPACT:
a. FFY 2001 $ -0-
b. FFY 2002 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 3.1-E Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Att. 3.1-E Page 1

10. SUBJECT OF AMENDMENT: This State Plan Amendment removes invalid language and updates the [redacted] standards for transplant services to be consistent with federal regulations.

GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Rice Lewis-Payton

14. TITLE:
Executive Director

15. DATE SUBMITTED:
June 27, 2001

16. RETURN TO:
Rice Lewis-Payton, Executive Director
Division of Medicaid
Attn: Rose Compere
239 North Lamar Street, Suite 801
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 29, 2001

18. DATE APPROVED:
July 26, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Eugene A. Krasner

22. TITLE:
Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MISSISSIPPI

STANDARDS FOR THE COVERAGE OF TRANSPLANT SERVICES

Mississippi Medicaid covers cornea, heart, heart/lung, liver, kidney, and bone marrow transplants (includes peripheral stem cell) if all four of the following criteria are satisfied:

(1) The medical necessity for the procedure is established in accordance with the Division of Medicaid's medical criteria for coverage.
(2) Prior approval is obtained when required by the Division of Medicaid.
(3) The transplant procedure is not experimental /investigative.
(4) The transplant procedure is performed in a Mississippi Medicaid approved transplant facility.

The Division of Medicaid will monitor procedures which are experimental / investigative or in clinical trials and will base future determinations regarding coverage on approved standards of medical care.

Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan.

For procedures requiring prior approval, the medical necessity review will be coordinated with the Division of Medicaid's Peer Contractor. Specific medical criteria approved by the Division of Medicaid must be satisfied along with a psychosocial evaluation of the beneficiary and/or family if the candidate is a child. It must be documented that the beneficiary/family understands risks and benefits, gives informed consent, has the capacity to and will comply with needed care. After the medical necessity review is completed, the Division of Medicaid provides coverage and reimbursement information to the transplant facility.

Medicaid reimbursement is available only to the extent that these services are not covered by other third party payers.

Routine Mississippi Medicaid benefits are applicable to approved transplant services. For services not available in Mississippi for beneficiaries under age 21, the Division of Medicaid may negotiate a transplant contract to provide access to care. The transplant contract may be all inclusive of charges for covered hospital and physician services during the transplant admission.

TN # 2001-10
Supersedes TN # 90-14

Date Received: JUN 2 [illegible] 2001
Date Approved: JUL 20 2001
Date Effective: AUG 01 2001